## State of California State Personnel Board

## **CUSTOMER AUTHORIZATION**

Department Name:		Departr	ment Prefix:
Information Security Officer (ISO) Nar			IMS Code:
Address:			
Phone Number:			:
Alternate ISO ( <i>if any</i> ):			IMS Code:
Address:		E-Mail Address:	
Phone Number:			:
Do	to Committy Committee tow(a) Who	duration of DACE	
Data Security Coordinator(s) Who Administer RACF			
RACF Coordinator Name:			IMS Code:
Address:		E-Mail Address:	
Phone Number:	CALNET Prefix:	FAX	:
Alternate RACF Coordinator Name:			IMS Code
A 11			IMS Code:
Phone Number:	CALNET Prefix:		:
Departmental Approval  (ISO Supervisor or Higher Level Official)			
N (D' )	(150 Supervisor or Higher Level O	gjiciai)	D
	T:41		Date:
E-Mail Address:	THE	e:	CALNET Prefix:
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RETURN COMPLETED FORM TO:  State Personnel Board			
Information SystemsUnit Security Administrator			
	P.O. Box 94244-2010	ioninion atol	
	Sacramento, CA 94244		
	IMS Code: 33		
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For SPB Use Only:			